DEPARTMENT OF INSURANCE

PRODUCER LICENSING BUREAU 320 CAPITOL MALL SACRAMENTO, CA 95814-4309 (916) 492-3069 (916) 327-8118 (FAX) www.insurance.ca.gov LIC 447-42A (Rev 04/07)

1.



Subject: <u>NAME APPROVAL REQUEST</u> – Fictitious Name Request, Name Reservation and Individual DBA request

The use of any true or fictitious name (other than the bona fide natural name of an <u>individual</u>) by a licensee or applicant for such license, is subject to disapproval by the Commissioner (Refer to Insurance Code Sections 1724.5, 1759.10, 1811, 1841, 14042, and 15031).

CAREFULLY REVIEW THE ENCLOSED REGULATIONS

| le | legibly or type required information). Return completed form with correct fee, see #9. | | | | | |
|----|--|--|--|--|--|--|
| | you are currently licensed entity/individual with this department please provide name and license umber. | | | | | |
| L | ist the <u>business</u> name you wish considered in order of preference. <u>Five</u> choices may be submitted. | | | | | |
| 1 | st: | | | | | |
| 2 | nd: | | | | | |
| | rd: | | | | | |
| 4 | th: | | | | | |
| | th· | | | | | |

To help expedite the processing of your request, use this informational form, completed in full (print

Insurance Producers please note: fictitious name must denote insurance production; such as, insurance agency, insurance sales, insurance services, or insurance marketing.

Name Approval Request (Continued)

| 4. | Type of entity or sole proprietor | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|
| | [] Sole proprietor (Individual): | | | | | | | | |
| | [] Corporation: | | | | | | | | |
| 5. | A. | Is this entity formed as a result of the merger of organizations? Yes [] No [] If yes, submit a copy of the merger agreement. | | | | | | | |
| | B. | If already incorporated, so | ubmit a copy of the articles of incorporation. | | | | | | |
| | [] Limited Liability Company: | | | | | | | | |
| | A. | Is this entity formed as a result of the merger of organizations? Yes [] No [] If yes, submit a copy of the merger agreement. | | | | | | | |
| | B. | If already registered, submit a copy of the articles of organizations. | | | | | | | |
| | [] Partner | [] Partnership: | | | | | | | |
| | Par | tnership, etc.) list the principle | e nature of the entity's business. | | | | | | |
| 5. | A. If name is to be used by an organization entity (Corporation, Limited Liability Company of Partnership, etc.) list the principle nature of the entity's business. | | | | | | | | |
| | B. Approximately what percentage of the organization's income will be derived from insurance business? [] 80 to 100% [] 21 to 79% [] 20% or less | | | | | | | | |
| 6. | License type(s) under which the entity will use this name to conduct insurance business: | | | | | | | | |
| | [] Fire and | d Casualty Broker-agent | [] Life Agent | | | | | | |
| | [] Life and | d Disability Analyst | [] Administrator | | | | | | |
| | [] Adjuste | r | [] Surplus Line Broker | | | | | | |
| | [] Bail Ag | ent | [] Special Lines Surplus Line Broker | | | | | | |
| | [] Bail Per | rmittee | [] Credit Insurance | | | | | | |
| | [] Persona | l Lines Broker-agent | [] Motor Club | | | | | | |
| | [] Reinsur | ance Intermediary-Broker | [] Reinsurance Intermediary - Manager | | | | | | |

Name Approval Request (Continued)

| 7. | • | Entity to be licensed in California as a: (check one) [] Resident or [] Nonresident, State | | | | | |
|---------------|---|--|---|--|--|--|--|
| 8. | Addit | ional comments: | | | | | |
| | | | | | | | |
| 9. | | ee for application or request fo | oval of true or fictitious name (except there is no fee when cation) is as follows: | | | | |
| | | PRODUCER BAIL ADJUSTER | \$46 \$24 | | | | |
| | | INDEPENDENT ADD OR CHANGE REISSUE PUBLIC | \$21 \$24 | | | | |
| | | ADD OR CHANGE REISSUE DUPLICATE LICENSE | \$21 \$21 \$24 | (Note: a new license is not automatically printed upon approval of a fictitious name or doing business as (dba) request) | | | |
| | A. | Mail documents and fees to | : | of a fectitious frame of doing business as (uba) requesty | | | |
| | DEPARTMENT OF INSURANCE P.O. BOX 1139 SACRAMENTO, CA 95812-1139 | | | | | | |
| Signature: | (Off | icer, Manager, Member, Director | r, Partn | er or sole proprietor) | | | |
| Printed Name: | : Phone Number: | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |

Name Approval Request (Continued)

(INFORMATION FOR ADJUSTERS PER INSURANCE CODE SECTIONS 14042 and 15031).

SECTION 7540 of the Business and Professions Code states in part:

No licensee shall conduct a business under a fictitious or other business name unless and until he has obtained the written authorization of the bureau to do so.

The bureau shall not authorize the use of a fictitious or other business name, which is so similar to that of a public officer or agency or of that used by another licensee that the public may be confused or misled thereby.

The authorization shall require, as a condition precedent to the use of any fictitious name, that the licensee comply with Chapter 5 (commencing with Section 17900) of Part 3 of Division 7.

SECTION 17900 of the Business and Professions Code states:

- a. As used in this chapter, "fictitious business name" means:
 - (1) In the case of an individual, a name that does not include the surname of the individual or name that suggests the existence of additional owners.
 - (2) In the case of a partnership or other association of persons, a name that does not include the surname of each general partner or a name that suggests the existence of addition owners.
 - (3) In the case of a corporation, any name other than the corporate name stated in its articles of incorporation.
- b. A name that suggests the existence of additional owners within the meaning of subdivision (a) is one which includes such words as "Company," "& Company," "& Son," "& Associates," "Brothers," and the like, but not words that merely describe the business being conducted.

The use of the words, "Corporation," "Corp.," or "Inc." will not be approved for an individual or partnership license. Limited Liability Companies must list the initials LLC's at the end of your dba (doing business as) name. All names require the word "insurance" in the name immediately followed by agency, services, marketing or sales. You may only have "one" dba (doing business as) name approved for your use, unless by right of purchase. All names must meet the Name Approval Criteria.